EMS Project Vendor Q&A Session

General Q&A

1. Should we support multiple logins for the differing roles outlined in the spcs?

- Yes. We’ll get back to you on this, but it would be good.

2) HW/ specification for the final demo?

- 2A314/2A213 lab computers.  Your solution will be fully built and NOT run from Visual Studio. <Evil Laugh>

3) Can we use a third party library or app to design the UI?

- NO. This may incur unacceptable risk to OMNICORP LTD. LLC. GmBH, Esq.

4) Should our console based application run in fullscreen or windowed mode?

- We have no preference, however, consider usability of the application.

5) Are we allowed to use third party RDMS in this solution?

- NO. This may incur unacceptable risk to OMNICORP LTD. LLC. GmBH, Esq.

6) Is there a maximum number of flat files we can have? Required file type?

- No. OMNICORP will not dictate the functional design of your flat file DB system for this project.

7) Are there any restrictions for a Client-Server design for this prototype?

- No. OMNICORP will not dictate to this level. Client-Server can be more challenging to effectively design… regardless, all desired functionality must be provided.

8) Are there restrictions on the data entry approach for field-intense areas of the application, such as entering a patient’s information?

- Maybe. Our goal is to provide an effective interface and experience for the end user. Approaches that minimize data entry errors and enhance speed through the interface will be preferred.

9) .Net Core or Standard?

- What do you mean…. It has a core? (no preference… unless it impacts future development of the prototype).

3.1.1 – C# Console application

1) Can we code in functionality re: Mouse/clicks inside of the DOS-like, console based application?

- This will be considered optional functionality, and cannot replace ENTIRELY mouse-less operation of the application. Mr. Snodgrass III is not enamored of fancy things like mice (mouses?).

2) UI/Ux – Should the scheduling UI be presented with graphical fanciness?

- See above. We welcome creative approaches to design, but it must not interfere with the functionality of the end-product.

3.2.1.1 – Head of House related

1) Assume, and ensure that all head of house records are ‘known’/stored in this system. We do not want to support (nor will you be tested on) the case(s) were the system has no knowledge of a head of house.

2) To default the province on ON, can we ‘prefill’ that field to ON for new record entry?

- Yes. Ensure we can still update this field as needed, however.

3) What are the values for the sex field?

- M F I H

4) Phone Validation – Please support North American numbers only ( +1 xxx-xxx-xxxx)

5) What is the length and language set requirements of the string fields?

- We’ll get back to you on that. American? Is that an answer?

6) Address Line 2 is now Optional (Remove the \*\*\* notation here).

7) Can we format DoB? – Yes, so long as the DD-MM-YYYY progression is retained.

8) Should we support deletion of patient records? – NO!!!! we need this for legal reasons. Instead, support making a patient record inactive…. Somehow.

9) Francais? Non!

10) Persons without a Health Card yet? – No. They are not yet supported, according to our lawyers.

11) Can we repurpose previous code which validates one or more fields? – Yes. Please ensure this is documented (e.g. reference to the previous developer(s)’ code from previous SET classes).

12) Assume health cards do not change (though we still need to update in the case of data entry issues, esp. the case where the head of a house has their HCN change!!!!).

3.2.2 Scheduling

13) Holidays are not supported.

14) Are there appointment times/lengths? – No. Just a number of slots available on each day per 3.2.2.3

15) Should we support multiple dependents in a appointment? – No. One guardian HCN plus one dependent HCN is enough.

16) Can we work in 2018? – Please. This was our error to not have updated these dates.

17) Are there limits to the number of appointments a patient can have over all? – No.

18) You must support billing codes separately for cases where two HCN’s (parent/child for example) are seen in the same appointment slot.

19) Can Scheduling and UI be separated as classes/modules in the code base? – Yes.

20) Are there sample files for Billing Code and Response files? – Yes. These will be provided.

21) Flag for recall – worst case = go to next available time if outside 1/2/3 wks.